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PAGE 02/09

DEPÄRTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BU	ILDIN	G 01 - MAIN BUILDING 01	001/1/11		
		445238	B, Wi	νĠ.∸		08/0	2/2010	
	ROVIDER OR SUPPLIER RE CENTER OF TULL	_AHOMA		1	REET ADDRESS, CITY, STATE, ZIP CODE 715 N JACKSON ST ULLAHOMA, TN 37388			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DIFFICIENCY)		(X5) COMPLETION DATE	
\$\$=F	Doors protecting collecting collection Association 20 a.m., revealed to the constructed of the constructed o	rohibited by CMS regulations cilities. Inot met as evidenced by: one it was determined the stain the doors protecting the esidents' room 234 on 8/2/10, and the room's door was frame. National Fire on (NFPA) 8D, 15-1.2 Ing the fire drill on 8/2/10, at the residents' room 354 did not	ar of	018	1) It is the practice of Life Care Tullahoma to comply with NFP. 1.2 of the LIFE SAFETY CODE STANDARD. The doors to roor 354 and the fire door next to ro were adjusted to keep them fro to the door frame on 08/13/2010. 2) The Environmental Services inspected each facility door to was not sticking on 08/13/2010. 3) Environmental Services Dire inserviced Maintenance staff re door operation and adding doo inspection to their rounds on 0 Environmental Services Direct Maintenance Assistant will perfectly inspection of doors for weeks and make necessary cor 4) Environmental Services Direct Executive Director will report of and results of monthly inspectit doors to the interdisciplinary quimprovement committee for revipossible intervention.	A 80. 15- ms 234, om 230 m sticking). Director ensure it ctor garding r 8/12/2010. or or form elght rections. ctor or ccurrence ons of uality riew and	08/20/10	
	en Genella	PAROPEL CICK MELLEGER IN THE SOUCH	WITONE.	Ē	recetive Divertor		120/10	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2597 (02-99) Previous Versions Obsolate

Event ID: UFZI21

Facility ID: TN1603

If continuation sheet Page 1 of 7

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PRINTED: 08/05/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER (X8) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01 8. WING 445238 08/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST LIFE CARE CENTER OF TULLAHOMA TULLAHOMA, TN 37388 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S IPLAN OF CORRECTION (X3) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DISPICIENCY) PREFIX TAG PREFIX DATE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG K 918 | Continued From page 1 K 018 On 8/2/10, at 10:25 a.m., observation of the corridor's fire door located next to room 230 revealed the top of the door was sticking to the door frame. NFPA 80, 15-1,2 These findings were acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10. 08/20/10 1) It is the practice of Life Care Center of K 025 NFPA 101 LIFE SAFETY CODE STANDARD K 025 Tullahoma to comply with NFPA 101, SS=F 8.2.4.4.2 of the LIFE SAFETY CODE Smoke barriers are constructed to provide at STANDARD. The ceiling penetration least a one half hour fire resistance rating in around the sprinkler in room 363 was accordance with 8.3. Smoke barriers may repaired on 08/12/2010. The ceiling terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass penetration around the sprinkler in the panels and steel frames. A minimum of two therapy office was repaired on separate compartments are provided on each 08/12/2010. The celling penetration floor. Dampers are not required in duct around the sprinkler in room 351's penetrations of smoke barriers in fully ducted bathroom was repaired on 08/13/2010. heating, ventilating, and air conditioning systems. 2) The Environmental Services Director 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 inspected the facility for smoke barrier and fire barrier penetrations on 08/02/2010. 3) Environmental Services Director This STANDARD is not met as evidenced by: inserviced Maintenance staff and Floor Based on observations It was determined the Tech on fire and smoke barrier facility failed to maintain the smoke barriers. requirements including repair and reporting of Issues on 08/12/2010. The findings include: Environmental Services Director or Maintenance Assistant will perform Observation of residents' room 363 on 8/2/10.

(NFPA) 101, 8.2.4.4.2

at 8:53 a.m., revealed a penetration around the

sprinkler. National Fire Protection Association

2. Observation of the therapy office on 8/2/10, at 9:21 a.m., revealed a penetration around the

weekly inspection of fire and smoke

fire and smoke barriers following all

barriers for eight weeks and will inspect

contracted work to ensure NFPA 101 Life

9313932406

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/QUA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SI COMPLE	JRVEY TED
		B. WING)	08/02/2010		
	ROVIDER OR SUPPLIER RE CENTER OF TULL	AHOMA		STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REPERENCED TO THE APP DEFICIENCY)	DULD BE	(XS) COMPLETION DATE
K 025	sprinkler. National (NFPA) 101, 8.2.4.4 3. Observation of re at 9:32 a.m., reveal	Fire Protection Association 4.2 esidents' room 351 on 8/2/10, ed a penetration around the ir. National Fire Protection	KO2	Safety Code compliance and any necessary corrections. 4) Environmental Services Di Executive Director will report and results of inspections of smoke barriers to the interdis quality improvement committerview and possible intervent	rector or occurrence fire and ciplinary se for	
K 038 SS=E	Administrator and v Operations at the e NFPA 101 LIFE SA Exit access is arran	hese findings were acknowledged by the dmInistrator and verified by the Director of Plant operations at the exit interview on 8/2/10. IFPA 101 LIFE SAFETY CODE STANDARD exit access is arranged so that exits are readily coessible at all times in accordance with section 19.2.1		1) It is the practice of Life Car Tullahoma to comply with NF SAFETY CODE STANDARD. cart was removed from in froi room exit door on 08/02/2010. 2) The Environmental Service inspected facility doors to en- were not obstructed on 08/02.	PA 101 LIFE The laundry at of dryer s Director sure they (2010.	08/20/10
	Based on observation facility failed to main. The findings include Observation of the lat 8:42 a.m., reveal.	aundry dryer room on 8/2/10, ed the exit door was blocked I Fire Protection Association	dr	3) Environmental Services Disinserviced laundry staff regard obstructing exit doors on 08/2 Environmental Services Direct Maintenance Assistant will prove weekly inspections for eight vensure exit doors are not observices Disecutive Director will report and results of inspections of smoke barriers to the interdist	ding not 17/2010. stor or erform weeks to tructed. rector or occurrence fire and sciplinary	
K 039 SS=F	Operations at the e NFPA 101 LIFE SA Width of aisles or c	erified by the Director of Plant xit interview on 8/2/10. FETY CODE STANDARD	K 03	quality improvement committed review and possible intervent 1) It is the practice of Life Car Tuliahoma to comply with NF	ion. e Center of	08/20/10

LIFE CARE CTR TULL

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DEPARTMENT OF HEALTH AND HUMAN SERVICES <u>OMB NO. 0938-039</u>1 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A. BUILDING B, WING 445238 08/02/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIF CODE 1715 N JACKSON ST LIFE CARE CENTER OF TULLAHOMA TULLAHOMA, TN 27388 (XS) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY K 039 Continued From page 3 K 039 19.2.3.3 LIFE SAFETY CODE STANDARD. 19.2.3.3 Chairs, lifts, carts and bed were relocated on 08/02/2010. 2) The Environmental Services Director This STANDARD is not met as evidenced by: Inspected the facility to ensure corridors Based on observations if was determined the were not obstructed on 08/02/2010. facility falled to maintain the corridor clear of 08/03/2010 and 08/04/2010 making equipment in 3 of the 3 corridors. necessary corrections. 3) Environmental Services Director and The findings include: Director of Nursing inserviced staff regarding ensuring corridors are not Observations of the 100, 200, and 300 corridors on 8/2/10, at 8:40 a.m., revealed chairs, lifts, obstructed on 08/17/2010. Environmental carts, and a bed were stored in the corridors. Services Director or Maintenance Further observations of the 100, 200, and 300 Assistant will perform weekly inspection corridors at approximately 10:15 a.m., revealed of corridors to ensure they are not the equipment remained in the corridor for more obstructed for eight weeks. then 30 minutes. National Fire Protection. 4) Environmental Services Director or Association (NFPA) 101, 19.2.3.3 Executive Director will report occurrence and results of corridor inspections to the This finding was acknowledged by the interdisciplinary quality improvement Administrator and verified by the Director of Plant Operations at the exit Interview on 8/2/10. committee for review and possible K 052 K 052 NFPA 101 LIFE SAFETY CODE STANDARD intervention. \$\$=F A fire alarm system required for life safety is 08/20/10 1) It is the practice of Life Care Center of K052 installed, tested, and maintained in accordance Tullahoma to comply with NFPA 101 LIFE with NFPA 70 National Electrical Code and NFPA SAFETY CODE STANDARD. The 72. The system has an approved maintenance Environmental Services Director checked and testing program complying with applicable primary and secondary phone line on requirements of NFPA 70 and 72. 9.8.1.4 08/02/2010. ADT fire monitoring company installed audible/visual signal at the west wing nurses station on

08/17/2010. ADT inspected and tested system on 08/17010. Biannual testing

was performed on 08/17/2010

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DEPÄRTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		445238	B, Wi	WG		08/02	/2010
	ROVIDER OR SUPPLIER RE CENTER OF TULI	LAHOMA		17	eet address, city, syate, zip code M5 n Jackson St Ullahoma, TN 37388		
(X4) 1D PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION,	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DIFFICIENCY)	ULD BE	(XS) COMPLETION DATE
K 052	This STANDARD Based on observatives determined to the standard system. The findings included the findings included the findings included the panel on 8/2 when phone lines to the panel, there we at one of the Nurse annunciator panel. Association (NFPA) Records review revealed the facility documentation that sensitivity biannual 72, 10,4,4,2,2. These findings were Administrator and to Operations at the entire NFPA 101 LIFE SA Heating, ventillating with the provisions in accordance with specifications. 19,5,2,2.	Is not met as evidenced by: iden, testing, and record review, the facility failed to maintain the ie: ind testing of the main fire /10, at 9:40 a.m. revealed that if or #2 were disconnect from ier no audible or visual signals ies' station fire alarm's National Fire Protection	ok ok	, , , , , , , , , , , , , , , , , , , ,	2) Environmental Services Dirinspected fire monitoring syst 08/02/2010. Environmental Services Director contacted support to biannual testing of smoke det sensitivity to TELS preventive maintenance program on 08/13) Environmental Services Dir Maintenance Assistant will test primary and secondary phone weekly for eight weeks to enscompliance make any necession corrections. 4) Environmental Services Director will report and results of primary and see phone line checks to the interquality improvement committer review and possible interventions are provided to possible interventions and possible interventions are provided to possible interventions and possible interventions and possible interventions are provided to possible interventions are prov	em on rivices add ector's add ector's add ector and st of line ure ary ector or occurrence condary disciplinary efor an. e Center of PA 101 LIFE. The ers on ector ir and inspection 3/2010 and	08/20/10

PRINTED: 08/05/2010 FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

08/20/2010 12:34

OMB NO. 0938
(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

STATEMENT OF DEFICIENCIES		S (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATÉ SURVEY GOMPLETED	
AND PLAN OF CORRECTION		NOTE TO SECURE		A. BUILDING 01 - MAIN BUILDING 01		
	445238		B. WING		08/02	/2010
	OVIDER OR SUPPLIER CENTER OF TULL	AHOMA	17	eet adoress, city, state, zip code 715 n jackson st Ullahoma, TN 37388		
(X4) ID PREFIX TAG	/EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE I	(X5) CÓMPLÉTIOI DATE
K 076 SS=F	the facility was unally hat the HVAC fire I years. NFPA 90, This finding was according to the ENFPA 101 LIFE SAMEDIA (a) Oxygen storage (a) Oxygen storage (a) Oxygen storage (a) Oxygen storage (b) Locations for significant (b) Locations for significant (c) This STANDARD Based on observation of the findings included Observation of the	e: 8/2/10 at 10:00 a.m., revealed able to provide documentation dampers were inspected every A, 3-4.7 Exhowledged by the exertified by the Director of Plant exit interview on 8/2/10. AFETY CODE STANDARD Je and administration areas are dance with NFPA 99, lith Care Facilities. Le locations of greater than closed by a one-hour Lupply systems of greater than inted to the outside. NFPA 99 Is not met as evidenced by: tion it was determined the sintain an oxygen storage area.	K 076	Director contacted support to fire damper inspection to the I testing to the TELS preventive maintenance program on 08/1 3) Executive Director and Enviservices Director scheduled A damper inspection with Redd' Air and documented it in the praintenance program. 4) Environmental Services Director will report and results schedule for next dampar testing to the interdisquality improvement committen review and possible intervent 1) It is the practice of Life Car Tuliahoma to comply with NF SAFETY CODE STANDARD. gallon liquid oxygen tank was from the North shower area on 08/02/2010. 2) The Environmental Services Director and Mainten Assistant will perform weekly rounds to monitor oxygen storeight weeks to ensure compile 4) Environmental Services Director and Executive Director will report	piannual 3/2010. ironmental i year fire s Heating & preventive rector or occurrence HVAC fire ciplinary ee for ion. e Center of PA 101 LIFE The 25 is removed in s Director kygen was b. rector yeen onmental nance facility orage for iance. rector or	08/20/10

tank stored in the room. The room must be

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238		DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED 08/02/2010	
		B. WING					
	ROMDER OR SUPPLIER RECENTER OF TULI	AHOMA		17	EET AODRESS, CITY, STATE, ZIP CODE 15 N JACKSON ST JLLAHOMA, TN 37388		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUIL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	1071FD 86	(X5) COMPLETION DATE
K 076	vented to the outside. This finding was according to the country of the country	age 6 hour separation and must be de. NFPA 99, 4.3.1.1.2 eknowledged by the reflied by the Director of Plant exit interview on 8/2/10.)76 	and results of weekly oxyger rounds to the interdisciplinal improvement committee for possible intervention.	y quality	,
K 144 , SS=F	NFPA 101 LIFE SA Generators are ins	PETY CODE STANDARD pected weekly and exercised ninutes per month in	κ <i>'</i>	144	Tuliahoma to comply with NFPA 101 LIFT SAFETY CODE STANDARD. Emergency generator was inspected by CSS Power on 08/11/2010 to provide quote for annunciator panel. 2) The Environmental Services Director inserviced staff regarding monitoring the emergency generator on 08/12/2010 and 08/17/2010. Annunciator panel installation ordered on 08/19/2010. 3) Environmental Services Director and		08/19/10
-	This STANDARD is not met as evidenced by: Based on observations it was determined the facility falled to provide a remote alarm for the emergency generator. The findings include: Interview with the Director Of Plants Operations on 8/2/10, at 8:50 s.m., revealed the facility falled to provide an annunciator panel with an audible alarm for the emergency generator. The panel must be located in a work site readily observable by the staff, National Fire Protection Association (NFPA) 110, 3-5.6.1 This finding was acknowledged by the Administrator and verified by the Director of Plant				Maintenance Assistant will prinspection of emergency ger annunciator panel is installe Executive Director and Envir Services Director will discus emergency generator installantil completed. Staff will be	erator until d. onmental s status of ation weekly	f
			oti	\	as to monitoring of emergency generator annunciator panel upon completion of installation. 4) Environmental Services Director or Executive Director will report status of annunciator panel installation and staff inservice to the interdisciplinary quality improvement committee for review and possible intervention.		